CalWORKs CLOSED CASE DATA REPORTING

DEFINITIONS AND INSTRUCTIONS

VERSION 24

The closed case survey sample month is the first month in which the CalWORKs case did not receive assistance. Enter data for the first prior month as found in agency records.
For example, the sample month is October 1999. The CalWORKs case was discontinued 9/30/99, and the first month of nonassistance is 10/99. Enter survey data from agency records for the month of September 1999, the month of discontinuance.

1. **State FIPS Code**
   California = 06.

2. **County FIPS Code**
   Enter the three-digit county FIPS code.

3. **Tribal Code**
   Do not make any entry in this item.

4. **Reporting Month**
   Enter the four-digit year and the two-digit month of the sample month.
   For example, October 1999 = 199910.

5. **Stratum**
   Enter the two-digit stratum code.

FAMILY LEVEL DATA

6. **Case Number**
   Enter the eleven character case serial identifier.
6A. **Case Name**
   Enter the last name first and the first name last.
6B. **Aid Code**
   Enter the three-digit code.
   030: FG (Family Group)
   035: U (Unemployed Parent)
6C. **Deprivation**
   Enter the one digit code indicating the deprivation.
   Code 1: Absent parent deprivation
   Code 2: Deceased parent deprivation
   Code 3: Incapacitated parent deprivation
   Code 4: Unemployed principal wage earner

7. **Zip Code**
   Enter the five-digit zip code of the family's residence.

8. **Disposition Code**
   Code 1: Data collection complete
   Code 2: Not subject to data collection, listed in error.

9. **Reason For Closure**
   Code 01: Employment or excess earnings
   Code 02: Marriage
   Code 03: Federal five-year time limit
   Code 04: Work related sanction
   Code 05: Child Support Sanction

Code 06:Teen parent failing to meet school attendance requirement
Code 07: Teen parent failing to live in an adult setting
Code 08: Failure to finalize an individual responsibility plan provision
Code 09: Failure to finalize an individual responsibility plan - other
STATE POLICIES
Code 10: State time limit (if different from Federal)
Code 11: Child support collected
Code 12: Excess unearned income (exclusive of child support collected)
Code 13: Excess resources
Code 14: Youngest child too old to qualify for assistance
Code 15: Minor child absent from the home for a significant time period
Code 16: Failure to appear at eligibility/redetermination appointment and/or   provide
         essential information and/or other eligibility requirements
Code 17: Transfer to separate state MOE (Maintenance Of Effort)
OTHER
Code 18: Family voluntarily closes the case
Code 99: Other

10. Received Subsidized Housing
Code 1: Public housing
Code 2: Rent subsidy
Code 3: No housing subsidy

11. Received Medical Assistance
Code 1: Yes, enrolled in Medicaid. In California that means received a MediCal card.
Code 2: No

12. Received Food Stamps
Code 1: Yes, received food stamps
Code 2: No

13. Received Subsidized Child Care
If subsidized childcare was provided, indicate whether it was federally or non-federally
funded. If no childcare, or if it was not subsidized, leave this item blank.
Code 1: Yes, received Federally funded childcare (Entirely or in part, either TANF, CCDF,
SSBG, or other Federally funded childcare)
Code 2: Yes, received childcare funded entirely under a State, Tribal, or local program and
no federal funds were used.

PERSON LEVEL DATA

14. Family Affiliation
Code 1: Member of the eligible family receiving assistance
NOT IN ELIGIBLE FAMILY RECEIVING ASSISTANCE BUT IN HOUSEHOLD
Code 2: Parent of a minor child in the eligible family receiving assistance.
Code 3: Caretaker relative of a minor child in the eligible family receiving assistance.
Code 4: Minor sibling of a child in the eligible family receiving assistance.
Code 5: Person whose income or resources are considered in determining eligibility for or
amount of assistance for the eligible family receiving assistance.

15. Date of Birth
Enter the four-digit year followed by the two-digit month and day of birth. For example,
July 4, 1976 = 19760704.

16. Social Security Number
Enter the nine-digit social security number. If unknown, enter nine 9's.

17A.   Hispanic/Latino

   Indicate whether this person is Hispanic/Latino.

17B.   American Indian or Alaskan Native

   Indicate whether this person is American Indian or Alaskan Native.

17C.   Asian

   Indicate whether this person is Asian.".

17D.   Black or African American

   Indicate whether this person is Black or African American.

17E.   Native Hawaiian or Pacific Islander

   Indicate whether this person is Native Hawaiian or Pacific Islander.

17F.   White

   Indicate whether this person is White.

18.   Gender

   Code 1: Male.
   Code 2: Female.

19A.   Received SSA Title II Benefits (OASDI)

   Indicate whether this person received Title II benefits.

19B.   Received Non-Federal Disability Benefits

   Indicate whether this person received non-Federal disability benefits.

19C.   Received Title XIV Benefits of SSA Act

   Indicate whether this person received Title XIV benefits.

19D.   Received Aged, Blind and Disabled Benefits Under Title XVI of SSA Act

   Indicate whether this person received Aged, Blind, or Disabled Title XVI benefits.

19E.   Received SSI - Title XVI Benefits of SSA Act

   Indicate whether this person received Title XVI SSI benefits.

20.   Marital Status

   Code 1: Single, never has been married.
   Code 2: Married and living with the marriage partner.
   Code 3: Married but separated. Also could include cohabiting with someone   else.
   Code 4: Widowed and not remarried. Also could include cohabiting with someone else.
   Code 5: Divorced and not remarried. Also could include cohabiting with someone else.

21.   Relationship to Head of Household

   Code 01: I am the Head of the household (HHH).
   Code 02: Spouse of the HHH.
   Code 03: Parent of the HHH.
   Code 04: Daughter or Son of the HHH.
   Code 05: Stepdaughter or stepson of the HHH.
   Code 06: Grandchild or great grandchild of the HHH.
   Code 07: Other relative of the HHH.
   Code 08: Foster child of the HHH.
   Code 09: Child unrelated to the HHH.
   Code 10: Adult unrelated to the HHH.

22.   Parent With Minor Child in the Family

   Code 1: Yes this person, regardless of age, is a parent of a minor child in the family.
        Parent includes natural, step, or adoptive.
   Code 2: No, this person does not have a minor child in the family.

23.   Needs of a Pregnant Woman
Code 1: Yes, the family's grant (for the last month of TANF assistance) was increased by the needs of a pregnant woman (PSN) for this person.
Code 2: No, this person did not cause a PSN grant increase.

24.   Educational Level
Enter the code indicating the highest educational level completed by this person. "01-11" means to use the number from 01 through 11 to report the grade level that is the highest obtained, for example, if a person was in the ninth grade code 08 as the highest completed.
"Unknown" (code 99) is unacceptable for persons with a family affiliation code of "1".
Coding is optional for persons with a family affiliation code of "4" or "5".

25.   Citizenship/Alienage
Code 1: United States citizen, native or naturalized.
Code 2: Qualified alien.
Code 3: Unqualified alien
Code 9: Unknown.
"Unknown" (code 99) is unacceptable for persons with a family affiliation code of "1".
Coding is optional for persons with a family affiliation coe of "4" or "5".

25A.   If Alien, Date of Entry into US
Enter the date of entry in the following format: YYYYMMDD. For example, if the date of entry was July fourth, 1976, enter 19760704.

25B.   If Alien, Alien Status
Code 1: Refugee
Code 2: Sponsored alien
Code 3: Amnesty alien
Code 4: PRUCOL alien
Code 5: Other alien.

26.   Number of Months Counted Towards Federal Time Limit
Enter the number of countable months of Federally funded CalWORKs assistance this adult has accumulated.
NOTE: If this person is a child, (other than a minor child head-of-household), you must enter "Zero" to avoid an edit.
A countable month is a month for which the adult head-of-household, a spouse of the head-of-household, or minor child head-of-household receives assistance and is not exempt from the Federal five-year time limit.   Start the count for assistance received 12/96 and subsequent. Continue the count beyond 60 months as long as the head-of-household or the spouse of the head-of--household continue to receive assistance. For an adult who is not the head-of-household or the spouse of the head-of-household, the number of months on assistance do not count toward the Federal five-year limit. Reporting of this data element is optional for individuals whose family affiliation code is 2, 3, 4, or 5.

27.   Number of Countable Months Remaining Under State's Time Limit
The State time count begins with the receipt of assistance on or after January 1, 1998, and extends for 60 months. Calculate the number of months of assistance received after January 1, 1998 and subtract any months in which this adult was WTW exempted. Then subtract that number from 60 and enter the result in this item.

A countable month is a month for which the adult head-of-household, a spouse of the head-of-household, or minor child head-of-household receives assistance and is not exempt from the Federal five-year time limit. Start the count for assistance received 12/96 and subsequent. Continue the court beyond 60 months as long as the head-of-household or the spouse of the head-of-household or the spouse of the head-of-household, the number of months on assistance do not count toward the Federal five-year limit. Reporting of this data element is optional for individuals whose family affiliation code is 2,3,4, or 5.
NOTE: If this person is a child, (other than a minor child head-of-household), make no entry in this item.

28.   Employment Status
Code 1: Employed

Code 2: Unemployed, looking for work
Code 3: Not in labor force. (example unemployed, not looking for work, includes
   discouraged workers)
Code for the adult or minor child head-of-household's employment status.
NOTE: If this person is a child, (other than a minor child head-of-household), you must
enter code "3" to avoid an edit.

29.   Amount of Earned Income

Enter the amount of the adult's (or minor child head-of-household's) earned income for the
last month on assistance or for the month used to budget for the last month on assistance.
Leave this item blank for other minor children (code 4 children in item #14).
NOTE: For minor children in the AU that are not a minor child head-of-household, you
must enter a "zero" in this item to avoid an edit.

30.   Amount of Unearned Income

Enter the dollar amount of the adult's (or minor child head-of-household's) unearned
income for the last month on assistance or for the month used to budget for the last
month on assistance.
Leave this item blank for other minor children (code 4 children in item #14).

END

CLASS 600 DEFINTIONS

CalWORKs QC DATA

Class 600 applies to the CalWORKS Assistance Unit (AU) within the Food Stamp House Hold (FSHH) during the sample month. It is here that the reviewer records information about the accuracy of the payment of CalWORKs benefits. Class 600 is limited to a brief analysis of the composition of the AU, income, and resources. There are four types of findings that can be determined from this information - - that the payment was 1) correct, 2) Ineligible , 3) Overpayment, and 4) Underpayment. The AU may or may not have the same members or the same number of members as the FSHH. The facts of the AU (number and status of the people in the home, household income and resources) will already have been obtained in the course of the Food Stamp review.

CalWORKs RECEIVED IN REVIEW MONTH

600-0001A   Amount CalWORKs Received in the Review Month (Prepopulated from 344-0016)

AU COMPOSITION

600-0001 Is AU Composition Correct
　　　　Code 1 = Yes, the correct number of adults/children were included in the AU in the sample month.
　　　　Code 2 = No, the number of adults/children included in the AU in the sample month was not correct.

TYPE OF ERROR

600-0002 If 600-0001 No, Type of Error
　　　　Code 1 = Administrative error (agency error), an adult(s) should have been included in the AU in the sample month.
　　　　Code 2 = Administrative error (agency error), an adult(s) should not have been included in the AU in the sample month.
　　　　Code 3 = Client error (includes both inadvertent and willful), an adult(s) should have been included in the AU in the sample month.
　　　　Code 4 = Client error (includes both inadvertent and willful), an adult(s) should not have been included in the AU in the sample month.

ERROR AMOUNT

600-0003 If 600-0001 No, Error Amount
　　　　Enter the amount in dollars of the OP/UP caused by an incorrect AU.

BUDGET MONTH EARNED INCOME

600-0004 CWD Used Correct Budget Month Earned Income
　　　　Code 1 = The CWD used the correct amount of budget month earned income in determining the amount of the sample month's grant.
　　　　Code 2 = The CWD did not use the correct amount of budget month earned income in determining the amount of the sample month's grant.
　　　　Code 90 = Not Applicable, the AU did not have any budget month earned income.

TYPE OF ERROR

600-0005 If 600-0004 No, Type of Error
　　　　Code 1 = Over Payment caused by administrative (agency) error.
　　　　Code 2 = Over Payment is client caused due to the withholding of essential information.
　　　　Code 3 = Over Payment is client caused due to all other reasons.
　　　　Code 4 = Under Payment caused by administrative (agency) error.
　　　　Code 5 = Under Payment is client caused.

ERROR AMOUNT

600-0006 If 600-0004 No, Error Amount
Enter the amount in dollars of the OP/UP caused by the use of incorrect budget month earnings.

EARNED INCOME DISREGARDS APPLIED

600-0007 Proper Earned Income Disregards Applied
Code 1 = Yes, the proper earned income disregards were applied to the budget month earned income.
Code 2 = No, the proper earned income disregards were not applied to the budget month earned income causing an Over Payment.
Code 3 = No, the proper earned income disregards were not applied to the budget month earned income causing an Under Payment.

ERROR AMOUNT

600-0008 If 600-0007 No, Error Amount
Enter the amount in dollars of the OP/UP caused by the incorrect application of earned income disregards to budget month earned income.

BUDGET MONTH UNEARNED INCOME USED

600-0009 CWD Used Correct Budget Month Unearned Income
Code 1 = The CWD used the correct amount of budget month unearned income in determining the amount of the sample month's grant.
Code 2 = The CWD did not use the correct amount of budget month unearned income in determining the amount of the sample month's grant.
Code 90 = Not Applicable, the AU did not have any budget month unearned income.

TYPE OF ERROR

600-0010 If 600-0009 No, Type of Error
Code 1 = Over Payment caused by administrative (agency) error.
Code 2 = Over Payment is client caused due to the withholding of essential information.
Code 3 = Over Payment is client caused due to all other reasons.
Code 4 = Under Payment caused by administrative (agency) error.
Code 5 = Under Payment is client caused.

ERROR AMOUNT

600-0011 If 600-0009 No, Error Amount
Enter the amount in dollars of the OP/UP caused by the use of incorrect budget month unearned income.

BUDGET MONTH DISABILITY INCOME

600-0012 CWD used Correct Budget Month Disability Income
Code 1 = The CWD used the correct amount of budget month disability income in determining the amount of the sample month's.
Code 2 = The CWD did not use the correct amount of budget month disability income in determining the amount of the sample month's grant.
Code 90 = Not Applicable, the AU did not have any budget month disability income.

TYPE OF ERROR

600-0013 If 600-0012 No, Type of Error
Code 1 = Over Payment caused by administrative (agency) error.
Code 2 = Over Payment is client caused due to the withholding of essential information.
Code 3 = Over Payment is client caused due to all other reasons.
Code 4 = Under Payment caused by administrative (agency) error.
Code 5 = Under Payment is client caused.

ERROR AMOUNT

600-0014 If 600-0012 No, Error Amount
　　　　Enter the amount in dollars of the OP/UP caused by the use of incorrect budget month disability
　　　　Income.

DISABILITY INCOME DISREGARD APPLIED

600-0015 Proper Disability Income Disregard Applied
　　　　Code 1 = Yes, the proper disability income disregards were applied to the budget month disability
　　　　income.
　　　　Code 2 = No, the proper disability income disregards were not applied to the budget month
　　　　disability income causing an Over Payment.
　　　　Code 3 = No, the proper disability income disregards were not applied to the budget month
　　　　disability income causing an Under Payment.

ERROR AMOUNT

600-0016 If 600-0015 No, Error Amount
　　　　Enter the amount in dollars of the OP/UP caused by the incorrect application of disability income
　　　　　　disregards to budget month disability income.

RESOURS WITHIN LIMITS

600-0017 Resources Within Limits
　　　　　Code 1 = Yes, the AU's resources are within limits.
　　　　　Code 2 = No, the AU's resources exceed limits.
　　　　　NOTE: The CalWORKs resource limits are the same as the FSHH resource limits.

TYPE OF ERROR

600-0018 If 600-0017 No, Type of Error
　　　　　Code 1 = Over Payment caused by administrative (agency) error.
　　　　　Code 2 = Over Payment is client caused due to the withholding of essential information.
　　　　　Code 3 = Over Payment is client caused due to all other reasons.
　　　　　Code 4 = Under Payment caused by administrative (agency) error.
　　　　　Code 5 = Under Payment is client caused.

TYPE OF EXCESS PROPERTY

600-0019 If 600-0017 No, List Type of Excess Property (resources, real and personal property)
　　　　　Code 1 = Cash on hand.
　　　　　Code 2 = Bank accounts, money market funds.
　　　　　Code 3 = Stocks, bonds, mutual funds, etc.
　　　　　Code 4 = Trust deeds.
　　　　　Code 5 = Motor vehicles (cars, trucks, motorcycles, motor homes, self propelled RVs, etc.)
　　　　　Code 6 = Boats, trailers (utility, recreational), etc.
　　　　　Code 7 = Real property, mining claims, etc.
　　　　　Code 99 = All other types of countable resources.

END